

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	".. I think this is maybe our Achilles Heel...." Exploring GPs' responses to young people presenting with emotional distress in general practice. A qualitative study.
AUTHORS	Roberts, Jane; Crosland, Ann; Fulton, John

VERSION 1 - REVIEW

REVIEWER	Prof. Pierre-André Michaud, MD Vice Dean for Curricular Affairs Faculty of Biology and Medicine Chief Unité multidisciplinaire de santé des adolescents CHUV 1011 Lausanne, Switzerland No competing interest
REVIEW RETURNED	14-Apr-2013

THE STUDY	Recruitment procedure should be better described, e.g. whether the practitioners were randomly identified, if there was any refusal and thus to what extent the recruitment procedure may have affected the results. No need for statistical analyses, this is a qualitative research
RESULTS & CONCLUSIONS	Excellent!
REPORTING & ETHICS	Ethical issues and approval should be mentioned in the core part of the paper (e.g. methods)
GENERAL COMMENTS	This is an excellent and very useful paper, I strongly recommend acceptance after minor revision

REVIEWER	Richard Byng Clinical Senior Lecturer Plymouth University Peninsula School of Medicine UK
REVIEW RETURNED	05-Jun-2013

RESULTS & CONCLUSIONS	See detailed comments below
GENERAL COMMENTS	This paper addresses an important issue: GPs ability to engage with young people in distress. The paper is generally well written and clear, and I believe has the potential to contribute significantly to the literature. I would however suggest some significant rethinking about the presentation of results and perhaps a small amount of additional analysis and commentary.

	<p>I suggest four areas for reconsideration:</p> <ul style="list-style-type: none"> • Separation of the issues of anxiety and uncertainty – uncertainty as acknowledged in the conclusion can be positively dealt with and does not always imply anxiety • A more depth analysis of the factors creating the anxiety and uncertainty, some of which appear to be constraining factors eg time in the consulting room and GPs understanding of young people's talk and culture, but others are potentially liberating such as the flaws within diagnostic criteria and lack of clear guidance. These liberating factors are particularly important in that they can cause both anxiety and uncertainty, but also bring about a creative space as in the next point • Consider the possibility of positive creative emerging ways of practice arising from the uncertainty and anxiety • A deepening of the analysis separating issues related to the presentation of mental health problems in general from those specific to young people <p>These overriding issues are brought out in the point by point analysis described below.</p> <p>Article Summary</p> <p>Under key messages suggest adapting message 3 in light of other comments.</p> <p>Introduction</p> <p>Line 14-15 - suggest contrasting emotional distress by using psychiatric diagnosis instead of mental health problem.</p> <p>Line 18 - proxy is perhaps not the best word, self-harm is an obvious behaviour manifestation of distress.</p> <p>Line 19 - 10% is rather specific given that a range of preferences have been reported in different studies of which more than 1 could be referenced.</p> <p>Lines 32-39 - worth indicating here that young people's presentation is likely to be a more extreme manifestation than for adults for mental health problems, where psycho-social problems make presentation more complex.</p> <p>Similarly line 50 – rather than in contrast it's an additional layer of complexity for young people.</p> <p>Line 52-53 – not clear what this means.</p> <p>Page 4 Line 3 – best to be explicit about how the wisdom traditions provide insight or omit this.</p> <p>Lines 3-8 – perhaps demonstrate the range of attitudes amongst GPs, some being dismissive and others taking on social constructs willingly.</p> <p>Reference 17 – demonstrates that GPs' actions mirror patients' who have a social conception of their problem.</p> <p>Method</p> <p>Overall the method appears very appropriate, there could be a little more detail regarding the method and the iteration and order in which seems well developed and retested with the data.</p> <p>The last paragraph lines 44-47 – are ambiguous, it is not clear as to whether input from AC and JF is complete, or whether a subsequent analysis is anticipated. If so this may underlie some of the conceptual problems of the paper indicated at the start of the review.</p>
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	<p>Data</p> <p>The data presented support the view that both anxiety and uncertainty are dominant themes. I strongly suggest that these are disaggregated and, to some extent at least, presented separately with evidence suggesting when they come together and when they might not.</p> <p>While it seems likely that there will be considerable overlap, it is important to note where this is not true, and if possible to understand the causal link. It seems likely that uncertainty will lead to anxiety, but that in some cases anxiety comes through other origins and in some situations uncertainty will be tolerated and even embraced by GPs. If this is not the case then it would be important to indicate this. It is possible that commentators such as Heath and others mentioned in the conclusions are rare General Practitioners and that for most GPs the uncertainty leads to anxiety rather than creativity. The framework presented with three areas causing anxiety and uncertainty appears reasonable, but again it is important to look at these in relation to both anxiety and uncertainty.</p> <p>My reading of the transcripts and analysis suggests that there are a number of constraining factors such as the appointments system, the diagnostic framework, the lack of availability of both anti-depressants (due to recent prescribing guidance) and lack of availability of talking therapies. In contrast the lack of boundaries and guidance as well as the positioning of adolescents, the interface between child and adult diagnostic categories, and lack of guidance on GPs behaviour are all potentially liberating as well as anxiety provoking factors. Together these constraining and uncertainty factors mean that these consultations are really hard and it is important to listen to the GPs anxiety, but also to look for examples of innovative and creative practice that emerge from this uncertainty and lack of constraint. Again if there is no data to support the emergence of creativity then this is worth reporting.</p> <p>Page 6 – I was not completely convinced that factors related to in the consultation and at an external level are as explicitly differentiated as the headings indicate. For example, uncertainty about practice relates to the lack of resources and guidance which are external factors and then manifested in the consultation. On the other hand, the issues related to access and continuity are external factors which manifest in the consultation, the lack of supervision is well noted. As is the lack of provision of services and CAMS support.</p> <p>Page 7 – The anxiety relating to the interaction of young people appears to relate to both a lack of skill and a lack of understanding of young people's culture.</p> <p>Page 8 – the section on complexity of presentations could benefit from further working out particularly in relation to the problematic diagnostic criteria which is different for children, adolescents and adults, also that primary care is the location where diagnosis are undifferentiated. This means that diagnostic criteria not absolute as they shift with age, and there is even less reason to select precise diagnosis because the situation is even more undifferentiated with young people (although we also know that in adults diagnostic categories overlap considerably with individuals with a sub-syndrome or too many as well as having a core diagnosis and that these diagnosis change over time for an individual given fluctuations in symptoms).</p>
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	<p>Line 22-23 – the issue of grave consequences is important, I would suggest that this was not in contrast but in particular due to grave consequences which might arise.....</p> <p>This section is perhaps the point where positive practices might have emerged from creative GPs dealing with uncertainty. This is alluded to in the more systematic approach and it would be good to get an idea about whether this was based on individual systems that individual GPs had developed.</p> <p>Page 9 – second paragraph – Lines 31-32 – This appears to be another reference to further analysis for an additional paper, again at this point it would be important to indicate in what direction this might take the analysis.</p> <p>Line 39-46 – This paragraph is a little weak and suggests that GPs are lacking in competence, and does not give any credence to the possibility that the systems around them, both in terms of diagnostic systems and structures of access and continuity are part of the problem. It is important in the implications of practice to consider the need for creative guidance for dealing with inadequate systems of diagnosis as well as the need for general practitioners to change their systems for access and their understanding of young people.</p> <p>Page 11 – How it fits in, I believe this should be adapted in line with discussion and points already raised,</p> <p>page 14 the boxes – the boxes have already shown that anxiety and uncertainty are indeed separate concepts although may well be linked in with individuals, in which case this needs to be indicated when it occurs and when there are exceptions.</p> <p>Box 1 appears primarily to relate to uncertainty. Where challenging is ambiguous and the excess of questions does not indicate in itself anxiety. Not knowing what to do could be related to anxiety, but again does not definitively do so. The third quote is a very clear example of an opinion regarding uncertainty.</p> <p>In box 2 quote 1 indicates constraint, quote 2 anxiety, quote 3 anxiety but also an interesting creative response to do with systems, quote 4 is a great example of an innovative solution to overcome and manage uncertainty and presumably anxiety. Box 3 relates mainly to sufficient resources as a constraint.</p> <p>In box 4 quotes 2 and 3 are clearly anxiety, the others less so. Box 5 the first quote is not clear, and appears to be related to severity of big problems rather than complexity.</p> <p>Page 17 – most of the quotes apart from the last 2 are duplicates.</p> <p>Page 18 – contributor ship - the detail on coding on open axial and selective codes should be part of the reworking of an expansion of analysis in the methods section.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1.

We were delighted to read that Professor Michaud reported the ' RESULTS AND CONCLUSION as Excellent! ' .
and made a strong recommendation for acceptance of the paper.

His request that 'ethical issues and approval should be mentioned in the core part of the paper' has been duly adhered to. Please see p.5 Methods (of tracked changes version).

Reviewer 2.

Dr Byng's comments were more detailed and suggested a framework for looking at the paper afresh. We recognize that there was a flaw in the way the results had been presented and we are grateful for his thoughtful analysis .

At the heart of his critique was the recognition that we had not fully made clear that this paper represents the analysis of the first of three stages of analysis, each to be reported with a free-standing (but related) paper.

Thus, the comment made relating to 'Method' lines 44-47 is apposite: because we had not made clear 'subsequent analysis is anticipated' some of the conceptual problems highlighted have arisen.

Furthermore, Dr Byng recommended separating 'anxiety' and 'uncertainty'. We agree with this conceptual approach and have revised the paper in the light of this advice.

Also at a conceptual level, he suggested that 'positive creative' approaches to practice may arise from 'anxiety' and 'uncertainty'.

This is entirely prescient on his behalf and will be reported in the subsequent papers whose submission is predicated on this paper being accepted.

Finally, his equally pertinent observation that there is a distinction to be made between consulting with adolescents generically , and those with emotional distress is also addressed by analysis beyond the scope of this paper which presents the first stage of analysis.

I will now address the specific points he has made with regard to each section.

Introduction

Lines 40-50 all amended as seen in tracked changes.

Lines 52-53 now clarified

p. 4 line 3- expanded to be more explicit

Comments on Lines 3-8 and Ref 17 all included in main text.

Method

It was good to see that the methodology was deemed 'very appropriate' .

The opacity of lines 44-47 has been addressed-as discussed above.

Data

We accept the recommendation that anxiety and uncertainty are disaggregated and the revision of the manuscript attests to this; as does the revised submission of empirical data in the form of the boxes .

Dr Byng's comments on the constraining factors are again pertinent and are further examined in the subsequent analysis which looks at what facilitates or prohibits GP engagement (Please see referenced under comparison with existing literature, and again mentioned in the concluding paragraph).

Page 6: point is accepted. Although the sub-divisions may be imperfect they have face validity and given that over 100 open codes were found and distilled to the key over-riding themes they allow for easier navigation across the sub-themes of anxiety.

P.8. Despite the constraints of the word count we have incorporated reference to 'the problematic diagnostic criteria' for under 20 year olds; although the scope of the paper does not allow for in-depth

commentary (and might be better served in a theoretical paper which is not beholden to representing empirical data).

Line 22-3 -the comment here was taken entirely on board and appreciated.

Again, the comments by Dr Byng alluding to possible emerging creative practices were not covered by the first stage of analysis (but do appear elsewhere).

P9 Lines 39-46 have been revised to strengthen the areas of weakness and
P11 -'How this fits in' has been duly amended in the light of earlier comments.

We accept the remarks made with regard to the illustrative quotes. There was indeed duplication, and a small number of quotes were ambiguous. JR returned to the original transcripts to select more apposite material which is now included.

Finally, p18-Contributorship: the text on 'open, axial and selective codes ' has been rightfully inserted into the appropriate Methods section .

We conclude our response to the decision letter with expressing our thanks and appreciation for the time the reviewers have given to their appraisal of the paper.

We have taken on board the recommendations and hope that the revised manuscript will now meet with the Editor's approval.

VERSION 2 – REVIEW

REVIEWER	Richard Byng
REVIEW RETURNED	21-Jul-2013

GENERAL COMMENTS	The authors have responded fully to all comments. The paper makes a useful contribution to the literature and I look forward to the further analysis.
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